

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-815)

SERIAL NO:

FILED DATE

APPLICATION

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4	1			1			54						
5	6		1				55						
6	6		1				56						
7	6		1				57						
8	6		1				58						
9	6		1				59						
10	6		1				60						
11	6		1				61						
12	6		1				62						
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14	6		1				64						
15	6		1				65						
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47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	1	↓	2	↓		↓			↓		↓		↓
TOTAL DEP.	15	←	13	←		←			←		←		←
TOTAL CLAIMS	16		15										